



United States
Environmental Protection Agency
Washington, DC 20460

☐ Registration
☒ Amendment
☐ Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number 4091-21	2. EPA Product Manager E. Meiderhoff	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Condor 2	PM# 31	
5. Name and Address of Applicant (Include ZIP Code) W.M. Barr & Company, Inc. 6750 Lenox Center Court, Suite 200 Memphis, TN 38115 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____

Section - II

<input checked="" type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

PRIA label amendment (PRIA code A570) to add organisms to the label. Other label changes have also been made and are noted in the redlined label.
PRIA Fee: Pay.gov tracking ID 26PILPS5 for \$4,023.00.
See cover letter for further details.
Please contact Megan Polos via email (mpolos@srccconsultants.com) or phone (260.244.6270) with any questions.

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____		
* Certification must be submitted		If "Yes" Unit Packaging wgt.	No. per container	If "Yes" Package wgt	No. per container
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container		5. Location of Label Directions <input type="checkbox"/> on label	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			<input type="checkbox"/> Other _____		

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)					
Name Megan Polos		Title Agent		Telephone No. (Include Area Code) (260) 244-6270	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.					6. Date Application Received (Stamped)
2. Signature 		3. Title Agent			
4. Typed Name Megan Polos		5. Date July 31, 2020			



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Environmental Protection Agency
Washington, DC 20460

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Application for Pesticide - Section I

1. Company/Product Number 4091-21	2. EPA Product Manager E. Miederhoff	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Condor 2	PM# 31	
5. Name and Address of Applicant (Include ZIP Code) W.M. Barr & Company, Inc. 6750 Lenox Center Court, Suite 200 Memphis, TN 38115 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____

Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input checked="" type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Label Notification per PR Notice 98-10 to add two fragrance graphics. See cover letter for more details and Notification certification statement. Please contact Tony Herber at 260.244.6270 or therber@srconsultants.com with any questions.

Section - III

1. Material This Product Will Be Packaged In:					
Child-Resistant Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____		
* Certification must be submitted		If "Yes" Unit Packaging wgt.	No. per container	If "Yes" Package wgt	No. per container
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container		5. Location of Label Directions <input type="checkbox"/>	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled		<input type="checkbox"/> Other _____			

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)					
Name Tony Herber		Title Agent		Telephone No. (Include Area Code) (260) 244-6270	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.					6. Date Application Received (Stamped)
2. Signature 		3. Title Agent			
4. Typed Name Tony Herber		5. Date 11/08/2018			



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Environmental Protection Agency
 Washington, DC 20460

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OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number 4091-21	2. EPA Product Manager E. Miederhoff	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Condor 2	PM# 31	
5. Name and Address of Applicant (Include ZIP Code) W.M. Barr & Company, Inc. 6750 Lenox Center Court, Suite 200 Memphis, TN 38115 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____	

Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input checked="" type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Notification per PR Notice 98-10 to add an alternate supplier of the active ingredient to the Confidential Statement of Formulas CSF (basic, alternates 2-7), as well as change the source of applicable inert ingredients on CSF (basic, alternates 2-9) in accordance with EPA's List of commodity inert ingredients. Addition of one FIL-compliant fragrance to alternates 3, 4, 6 - 9. See cover letter for more details and Notification certification statement. As this is not a PRIA action, no fee is due or included.

Please contact Megan Polos at 260.244.6270 or mpolos@srcconsultants.com with any questions.

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____		
* Certification must be submitted		If "Yes" Unit Packaging wgt. No. per container	If "Yes" Package wgt. No. per container		
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container		5. Location of Label Directions <input type="checkbox"/>	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled		<input type="checkbox"/> Other _____			

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)					
Name Megan Polos		Title Agent		Telephone No. (Include Area Code) (260) 244-6270	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.					6. Date Application Received (Stamped)
2. Signature 		3. Title Agent			
4. Typed Name Megan Polos		5. Date 01/27/2021			



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Environmental Protection Agency
Washington, DC 20460

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OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number 4091-21	2. EPA Product Manager E. Miederhoff	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Condor 2	PM# 31	
5. Name and Address of Applicant (Include ZIP Code) W.M. Barr & Company, Inc. 6750 Lenox Center Court, Suite 200 Memphis, TN 38115 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____	

Section - II

<input checked="" type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Formulation amendment to add two (2) new alternate CSFs: Alternates 8 and 9 to utilize a different dilution of an inert ingredient on Alternate CSFs #6-7. The total concentration of the inert has not changed. See cover letter for more details. Please contact Tony Herber at 260.244.6270 or therber@srcconsultants.com with any questions.

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Metal	
				<input type="checkbox"/> Plastic	
				<input type="checkbox"/> Glass	
				<input type="checkbox"/> Paper	
				<input type="checkbox"/> Other (Specify) _____	
* Certification must be submitted					
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container		5. Location of Label Directions <input type="checkbox"/>	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled				<input type="checkbox"/> Other _____	

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)					
Name Tony Herber		Title Agent		Telephone No. (Include Area Code) (260) 244-6270	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.					6. Date Application Received (Stamped)
2. Signature 		3. Title Agent			
4. Typed Name Tony Herber		5. Date 7/5/2018			



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Environmental Protection Agency
Washington, DC 20460

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Application for Pesticide - Section I

1. Company/Product Number 4091-21	2. EPA Product Manager E. Miederhoff	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Condor 2	PM# 31	
5. Name and Address of Applicant (Include ZIP Code) W.M. Barr & Company, Inc. 6750 Lenox Center Court, Suite 200 Memphis, TN 38115 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____	

Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input checked="" type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Notification PR Notice 98-10 to add an additional supplier of one inert ingredient on all Confidential Statement of Formulas CSF (Basic, Alternate 2-9). See cover letter for more details and Notification certification statement. As this is not a PRIA action, no fee is due or included. Please contact Tony Herber at 260.244.6270 or therber@srconsultants.com with any questions.

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____		
* Certification must be submitted		If "Yes" Unit Packaging wgt.	No. per container	If "Yes" Package wgt	No. per container
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container		5. Location of Label Directions <input type="checkbox"/>	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled		<input type="checkbox"/> Other _____			

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)					
Name Tony Herber		Title Agent		Telephone No. (Include Area Code) (260) 244-6270	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.					6. Date Application Received (Stamped)
2. Signature <i>Tony Herber</i>		3. Title Agent			
4. Typed Name Tony Herber		5. Date 03/25/2022			



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Environmental Protection Agency
Washington, DC 20460

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OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number 4091-21	2. EPA Product Manager E. Miederhoff	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Condor 2	PM# 31	
5. Name and Address of Applicant (Include ZIP Code) W.M. Barr & Company, Inc. 6750 Lenox Center Court, Suite 200 Memphis, TN 38115 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____	

Section - II

<input type="checkbox"/> Amendment - Explain below.	<input checked="" type="checkbox"/> Final printed labels in response to Agency letter dated <u>January 10, 2022</u>
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Submission of final printed label (FPL) per the Agency's acceptance letter dated 01/10/2022 for this product. See cover letter for more details. Please contact Tony Herber by phone (260.244.6270) or email (therber@srconsultants.com) with any questions.

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____		
* Certification must be submitted		If "Yes" Unit Packaging wgt. _____ No. per container _____	If "Yes" Package wgt. _____ No. per container _____		
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container _____		5. Location of Label Directions <input type="checkbox"/> on label	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			<input type="checkbox"/> Other _____		

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)					
Name Tony Herber		Title Agent		Telephone No. (Include Area Code) (260) 244-6270	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.					6. Date Application Received (Stamped)
2. Signature 		3. Title Agent			
4. Typed Name Tony Herber		5. Date January 28, 2022			



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Washington, DC 20460

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OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number 4091-21	2. EPA Product Manager E. Miederhoff	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Condor 2	PM# 31	
5. Name and Address of Applicant (Include ZIP Code) W.M. Barr & Company, Inc. 6750 Lenox Center Court, Suite 200 Memphis, TN 38115 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____

Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input checked="" type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Label Notification per PR Notice 98-10 to make minor changes to the footnotes and correct typographical errors. Please see cover letter for more details and Notification certification statement. Please contact Tony Herber at 260.244.6270 or therber@srcconsultants.com with any questions.

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Metal	
				<input type="checkbox"/> Plastic	
				<input type="checkbox"/> Glass	
				<input type="checkbox"/> Paper	
				<input type="checkbox"/> Other (Specify) _____	
* Certification must be submitted					
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container		5. Location of Label Directions <input type="checkbox"/>	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled		<input type="checkbox"/> Other _____			

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)					
Name Tony Herber		Title Agent		Telephone No. (Include Area Code) (260) 244-6270	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.					6. Date Application Received (Stamped)
2. Signature 		3. Title Agent			
4. Typed Name Tony Herber		5. Date 2/28/2022			



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Environmental Protection Agency
 Washington, DC 20460

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Amendment
Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number 4091-21	2. EPA Product Manager T. Flint Silva	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Condor 2	PM# 31	
5. Name and Address of Applicant (Include ZIP Code) W.M. Barr & Company, Inc. 6750 Lenox Center Court, Suite 200 Memphis, TN 38115 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____

Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input checked="" type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Notification per PR Notice 98-10 to add FIL-compliant fragrances to CSF Alternates 3-4 and Alternates 6-9. See cover letter for more details and Notification certification statement. As this is not a PRIA action, no fee is due or included.
 Please contact Tony Herber at 260.244.6270 or therber@srcconsultants.com with any questions.

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____		
* Certification must be submitted		If "Yes" Unit Packaging wgt. _____ No. per container _____	If "Yes" Package wgt. _____ No. per container _____		
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container		5. Location of Label Directions <input type="checkbox"/>	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled		<input type="checkbox"/> Other _____			

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)					
Name Tony Herber		Title Agent		Telephone No. (Include Area Code) (260) 244-6270	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.					6. Date Application Received (Stamped)
2. Signature 		3. Title Agent			
4. Typed Name Tony Herber		5. Date 03/21/2023			



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1. Company/Product Number 4091-21	2. EPA Product Manager E. Miederhoff	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Condor 2	PM# 31	
5. Name and Address of Applicant (Include ZIP Code) W.M. Barr & Company, Inc. 6750 Lenox Center Court, Suite 200 Memphis, TN 38115 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____

Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input checked="" type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Label and CSF Notification per PR Notice 98-10 to add a marketing claim on page 4 of master label and an alternate producer to Box 2 of Alternate CSFs #6-7. See cover letter for more details and Notification certification statement. Please contact Tony Herber at 260.244.6270 or therber@srcconsultants.com with any questions.

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Metal	
				<input type="checkbox"/> Plastic	
				<input type="checkbox"/> Glass	
				<input type="checkbox"/> Paper	
				<input type="checkbox"/> Other (Specify) _____	
* Certification must be submitted					
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container		5. Location of Label Directions <input type="checkbox"/>	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled		<input type="checkbox"/> Other _____			

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)					
Name Tony Herber		Title Agent		Telephone No. (Include Area Code) (260) 244-6270	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.					6. Date Application Received (Stamped)
2. Signature 		3. Title Agent			
4. Typed Name Tony Herber		5. Date 4/25/2018			



United States
ENVIRONMENTAL PROTECTION AGENCY
 Office of Pesticide Programs (Mail Code: 7504P)
 Washington, DC 20460

Notice of Supplemental Distribution of a Registered Pesticide Product

INACTIVE
Instructions

Registrants may distribute or sell the products under another company's name and address instead of (or in addition to) their own after obtaining final registration. Such distribution and sale is termed "supplemental distribution" and the product is referred to as a "supplemental registration" or "distributor product". The distributor, also known as a "sub-registrant," is considered an agent of the registrant. Both the registrant and the distributor may be held liable for violations pertaining to the distributor product.

A Notice of Supplemental Distribution of a Registered Pesticide Product must be submitted by the basic registrant for each distributor product. The basic registration number and the distributor company number must be shown. If a potential distributor does not have a company number assigned, the registrant should have the distributor review the information

at: <https://www.epa.gov/pesticide-registration/pesticide-registration-manual-how-obtain-company-number-and-register-official>

or submit a written request on the distributor company's letterhead and mail to the address above prior to submitting this form to the agency. The completed form must have the concurrence and signature of both the registrant and the distributor.

EPA Registration Number of Product

4091-21

Distributor Company Number

3573

Note: Do not submit distributor product labels

Name of Registered Product (basic, EPA-accepted product name)

Condor 2

Distributor Product Name

Protection That Lives on Microban 24 Hour Keeps Killing 99.9% of Bacteria* & Viruses* for up to 24 Hours Multi-purpose Cleaner

Name and Address of Distributor (Type; include ZIP code)

Procter & Gamble
 5299 Spring Grove Avenue - F&HC PS&RA
 Cincinnati, OH 45217

Read All Conditions Before Signing

1. The distributor product must have the same composition as the basic product.
2. The distributor product must be manufactured and packaged by the same person who manufactures and packages the registered basic product.
3. The labeling for the distributor product must bear the information as that of the registered product. Specific claims may be omitted from the distributor's label provided that no other changes are necessary.
4. The product must remain in the manufacturer's unbroken container.
5. The label must bear the EPA registration number of the basic product, followed by a hyphen and the distributor's company number.
6. Distributor product labels must bear the name and address of the distributor qualified by such terms as "packed for ...", "distributed by ...", or "sold by ..." to show that the name is not that of the manufacturer.
7. All conditions of the basic registration apply equally to distributor products. It is the responsibility of the basic registrant to see that all distributor labeling is kept in compliance with requirements placed on the basic product.

Distributor

We intent to market our product under the Distributor Product Name specified above, subject to the conditions specified in this Notice.

Signature and Title of Distributor

Date

Sam Pender, Sr. Scientist FIFRA Regulatory

3-29-2022

Registrant

I agree that the distributor named above may distribute and sell the Distributor Product specified above, subject to the conditions specified in this Notice.

Signature and Title of Registrant

Date

Tony Pender

Agent for W.M. Barr & Company, Inc.

3/29/2022

Electronic Date Stamp: 03/31/2022



United States
ENVIRONMENTAL PROTECTION AGENCY
 Office of Pesticide Programs (Mail Code: 7504P)
 Washington, DC 20460

Notice of Supplemental Distribution of a Registered Pesticide Product

Instructions

Registrants may distribute or sell the products under another company's name and address instead of (or in addition to) their own after obtaining final registration. Such distribution and sale is termed "supplemental distribution" and the product is referred to as a "supplemental registration" or "distributor product". The distributor, also known as a "sub-registrant," is considered an agent of the registrant. Both the registrant and the distributor may be held liable for violations pertaining to the distributor product.

A Notice of Supplemental Distribution of a Registered Pesticide Product must be submitted by the basic registrant for each distributor product. The basic registration number and the distributor company number must be shown. If a potential distributor does not have a company number assigned, the registrant should have the distributor review the information

at: <https://www.epa.gov/pesticide-registration/pesticide-registration-manual-how-obtain-company-number-and-register-official>

or submit a written request on the distributor company's letterhead and mail to the address above prior to submitting this form to the agency. The completed form must have the concurrence and signature of both the registrant and the distributor.

EPA Registration Number of Product

4091-21

Distributor Company Number

3573

Note: Do not submit distributor product labels

Name of Registered Product (basic, EPA-accepted product name)

Condor 2

Distributor Product Name

Protection That Lives on Microban 24 Hour Keeps Killing 99.9% of Bacteria** & Viruses9^ for up to 24 Hours Multi-purpose Cleaner

Name and Address of Distributor (Type; include ZIP code)

Procter & Gamble
 5299 Spring Grove Avenue - F&HC PS&RA
 Cincinnati, OH 45217

Read All Conditions Before Signing

1. The distributor product must have the same composition as the basic product.
2. The distributor product must be manufactured and packaged by the same person who manufactures and packages the registered basic product.
3. The labeling for the distributor product must bear the information as that of the registered product. Specific claims may be omitted from the distributor's label provided that no other changes are necessary.
4. The product must remain in the manufacturer's unbroken container.
5. The label must bear the EPA registration number of the basic product, followed by a hyphen and the distributor's company number.
6. Distributor product labels must bear the name and address of the distributor qualified by such terms as "packed for ...", "distributed by ...", or "sold by ..." to show that the name is not that of the manufacturer.
7. All conditions of the basic registration apply equally to distributor products. It is the responsibility of the basic registrant to see that all distributor labeling is kept in compliance with requirements placed on the basic product.

Distributor

We intent to market our product under the Distributor Product Name specified above, subject to the conditions specified in this Notice.

Signature and Title of Distributor

Date

Sam Pender, Sr. Scientist FIFRA Regulatory

3-29-2022

Registrant

I agree that the distributor named above may distribute and sell the Distributor Product specified above, subject to the conditions specified in this Notice.

Signature and Title of Registrant

Date

Tony Pender

Agent for W.M. Barr & Company, Inc.

3/29/2022

Electronic Date Stamp: 03/31/2022



United States
Environmental Protection Agency
 Washington, DC 20460

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Registration
Amendment
Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number 4091-21	2. EPA Product Manager E. Miederhoff	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Condor 2	PM# 31	
5. Name and Address of Applicant (Include ZIP Code) W.M. Barr & Company, Inc. 6750 Lenox Center Court, Suite 200 Memphis, TN 38115 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____

Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input checked="" type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Notification per PR Notice 98-10 to add alternate brand names (see cover letter for list of names and notification certification statement).
 Please contact Tony Herber via email (therber@srconsultants.com) or phone (260.244.6270) with any questions.

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Metal	
				<input type="checkbox"/> Plastic	
				<input type="checkbox"/> Glass	
				<input type="checkbox"/> Paper	
				<input type="checkbox"/> Other (Specify) _____	
* Certification must be submitted					
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container		5. Location of Label Directions <input type="checkbox"/>	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled		<input type="checkbox"/> Other _____			

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)					
Name Tony Herber		Title Agent		Telephone No. (Include Area Code) (260) 244-6270	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.					6. Date Application Received (Stamped)
2. Signature 		3. Title Agent			
4. Typed Name Tony Herber		5. Date March 29, 2017			



United States
Environmental Protection Agency
Washington, DC 20460

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Registration
Amendment
Other

OPP Identifier Number

259579

Application for Pesticide - Section I

1. Company/Product Number	2. EPA Product Manager	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name)	PM#	
5. Name and Address of Applicant (Include ZIP Code) <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____	

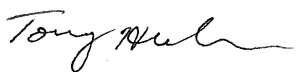
Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)**Section - III**

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Metal	
* Certification must be submitted				<input type="checkbox"/> Plastic	
	If "Yes" Unit Packaging wgt.	No. per container	If "Yes" Package wgt	<input type="checkbox"/> Glass	
			No. per container	<input type="checkbox"/> Paper	
				<input type="checkbox"/> Other (Specify) _____	
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container		5. Location of Label Directions <input type="checkbox"/>	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			<input type="checkbox"/> Other _____		

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)					
Name		Title		Telephone No. (Include Area Code)	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.					6. Date Application Received (Stamped)
2. Signature 		3. Title			
4. Typed Name		5. Date			



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
401 M. Street, S.W.
WASHINGTON, D.C. 20460

Paperwork Reduction Act Notice: The public reporting burden for this collection of information is estimated to average 1.25 hours per response for registration and 0.25 hours per response for reregistration and special review activities, including time for reading the instructions and completing the necessary forms. Send comments regarding burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: Director, OPPE Information Management Division (2137), U.S. Environmental Protection Agency, 401 M Street, S.W., Washington DC 20460.
Do not send the completed form to this address.

Certification with Respect to Citation of Data

Applicant's/Registrant's Name, Address, and Telephone Number W.M. Barr & Company, Inc. (901) 334-4391 6750 Lenox Center Court, Suite 200 Memphis, TN 38115	EPA Registration Number/File Symbol 4091-21
Active Ingredient(s) and/or representative test compound(s) (069105) Alkyl* dimethyl benzyl ammonium chloride *(50% C ₁₄ 40% C ₁₂ , 10% C ₁₆) (069166) Dioctyl dimethyl ammonium chloride (069149) Didecyl dimethyl ammonium chloride (069165) Octyl decyl dimethyl ammonium chloride	Date 8/12/2021
General Use Pattern(s) (list all those claimed for this product using 40CFR Part 158) Indoor non-food use disinfectant/sanitizer	Product Name Condor 2

NOTE: If your product is a 100% repackaging of another purchased EPA-registered product labeled for all the same uses on your label, you do not need to submit this form. You must submit the Formulator's Exemption Statement (EPA Form 8570-27).

☐ I am responding to a Data-Call-In Notice, and have included with this form a list of companies sent offers of compensation (the Data Matrix form should be used for this purpose).

SECTION I: METHOD OF DATA SUPPORT (Check one method only)

<input type="checkbox"/> I am using the cite-all method of support, and have included with this form a list of companies sent offers of compensation (the Data matrix form should be used for this purpose).	<input checked="" type="checkbox"/> I am using the selective method of support (or cite-all option under the selective method), and have included with this form a completed list of data requirements (the Data Matrix form must be used).
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SECTION II: GENERAL OFFER TO PAY

[Required if using the cite-all method or when using the cite-all option under the selective method to satisfy one or more data requirements]

☐ I hereby offer and agree to pay compensation, to other persons, with regard to the approval of this application, to the extent required by FIFRA.

SECTION III: CERTIFICATION

I certify that this application for registration, this form for reregistration, or this Data-Call-In response is supported by all data submitted or cited in the application for registration, the form for reregistration, or the Data-Call-in response. In addition, if the cite-all option or cite-all option under the selective method is indicated in Section I, this application is supported by all data in the Agency's files that (1) concern the properties or effects of this product or an identical or substantially similar product, or one or more of the ingredients in this product; and (2) is a type of data that would be required to be submitted under the data requirements in effect on the date of approval of this application if the application sought the initial registration of a product of identical or similar composition and uses.

I certify that for each exclusive use study cited in support of this registration or reregistration, that I am the original data submitter or that I have obtained the written permission of the original data submitter to cite that study.

I certify that for each study cited in support of this registration or reregistration that is not an exclusive use study, either: (a) I am the original data submitter; (b) I have obtained the permission of the original data submitter to use the study in support of this application; (c) all periods of eligibility for compensation have expired for the study; (d) the study is in the public literature; or (e) I have notified in writing the company that submitted the study and have offered (1) to pay compensation to the extent required by sections 3(c)(1)(F) and/or 3(c)(2)(B) of FIFRA; and (ii) to commence negotiations to determine the amount and terms of compensation, if any, to be paid for the use of the study.

I certify that in all instances where an offer of compensation is required, copies of all offers to pay compensation and evidence of their delivery in accordance with sections 3(c)(1)(F) and/or 3(c)(2)(B) of FIFRA are available and will be submitted to the Agency upon request. Should I fail to produce such evidence to the Agency upon request, I understand that the Agency may initiate action to deny, cancel or suspend the registration of my product in conformity with FIFRA.

I certify that the statements I have made on this form and all attachments to it are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Signature 	Date 8/12/2021	Typed or Printed Name and Title Tony Herber, Agent
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United States
Environmental Protection Agency
 Washington, DC 20460

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Registration
Amendment
Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number 4091-21	2. EPA Product Manager E. Miederhoff	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Condor 2	PM# 31	
5. Name and Address of Applicant (Include ZIP Code) W.M. Barr & Company, Inc. 6750 Lenox Center Court, Suite 200 Memphis, TN 38115 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____

Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input checked="" type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Label Notification per PR Notice 98-10 to correct a typographical error in the ingredient statement. See cover letter for more details and Notification certification statement. Please contact Tony Herber at 260.244.6270 or therber@srconsultants.com with any questions.

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Metal	
				<input type="checkbox"/> Plastic	
				<input type="checkbox"/> Glass	
				<input type="checkbox"/> Paper	
				<input type="checkbox"/> Other (Specify) _____	
* Certification must be submitted					
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container		5. Location of Label Directions <input type="checkbox"/>	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled		<input type="checkbox"/> Other _____			

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)					
Name Tony Herber		Title Agent		Telephone No. (Include Area Code) (260) 244-6270	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.					6. Date Application Received (Stamped)
2. Signature 		3. Title Agent			
4. Typed Name Tony Herber		5. Date 9/26/2018			



United States
Environmental Protection Agency
 Washington, DC 20460

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Registration
Amendment
Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number 4091-21	2. EPA Product Manager E. Meiderhoff	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Condor 2	PM# 31	
5. Name and Address of Applicant (Include ZIP Code) W.M. Barr & Company, Inc. 6750 Lenox Center Court, Suite 200 Memphis, TN 38115 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____

Section - II

<input type="checkbox"/> Amendment - Explain below.	<input checked="" type="checkbox"/> Final printed labels in response to Agency letter dated <u>11/10/2020</u>
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Submission of one (1) final printed label (FPL) per the Agency's acceptance letter dated 11/10/2020 for this product.
 See cover letter for more details.
 Please contact Megan Polos by phone (260.244.6270) or email (mpolos@srrconsultants.com) with any questions.

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Metal	
* Certification must be submitted		If "Yes" Unit Packaging wgt.	No. per container	If "Yes" Package wgt	No. per container
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container		5. Location of Label Directions <input type="checkbox"/> on label	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled		<input type="checkbox"/> Other _____			

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)					
Name Megan Polos		Title Agent		Telephone No. (Include Area Code) (260) 244-6270	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.					6. Date Application Received (Stamped)
2. Signature 		3. Title Agent			
4. Typed Name Megan Polos		5. Date November 24, 2020			



United States
Environmental Protection Agency
Washington, DC 20460

☐ Registration
☐ Amendment
☒ Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number 4091-21	2. EPA Product Manager E. Miederhoff	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Condor 2	PM# 31	
5. Name and Address of Applicant (Include ZIP Code) W.M. Barr & Company, Inc. 6750 Lenox Center Court, Suite 200 Memphis, TN 38115 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____	

Section - II

<input type="checkbox"/> Amendment - Explain below.	<input checked="" type="checkbox"/> Final printed labels in response to Agency letter dated <u>3/8/2021</u>
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Submission of final printed label per Agency's 3/8/2021 acceptance letter.

Please contact Tony Herber via email (therber@srcconsultants.com) or phone (260.244.6270) with any questions.

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____		
* Certification must be submitted		If "Yes" Unit Packaging wgt. _____ No. per container _____	If "Yes" Package wgt. _____ No. per container _____		
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container		5. Location of Label Directions <input type="checkbox"/>	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled		<input type="checkbox"/> Other _____			

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)					
Name Tony Herber		Title Agent		Telephone No. (Include Area Code) (260) 244-6270	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.					6. Date Application Received (Stamped)
2. Signature 		3. Title Agent			
4. Typed Name Tony Herber		5. Date April 2, 2021			



United States
Environmental Protection Agency
Washington, DC 20460

☐ Registration
☒ Amendment
☐ Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number 4091-21	2. EPA Product Manager E. Meiderhoff	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Condor 2	PM# 31	
5. Name and Address of Applicant (Include ZIP Code) W.M. Barr & Company, Inc. 6750 Lenox Center Court, Suite 200 Memphis, TN 38115 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____	

Section - II

<input checked="" type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

PRIA label amendment (PRIA code A570) to add viral residual claim to the label per recent meetings with AD (A. Pease and K. Willis).

PRIA Fee: Pay.gov tracking ID 26Q44413 for \$4,023.00

See cover letter for further details.

Please contact Tony Herber via email (therber@srcconsultants.com) or phone (260.244.6270) with any questions.

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____		
* Certification must be submitted		If "Yes" Unit Packaging wgt.	No. per container	If "Yes" Package wgt	No. per container
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container		5. Location of Label Directions <input type="checkbox"/> on label	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled		<input type="checkbox"/> Other _____			

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)					
Name Tony Herber		Title Agent		Telephone No. (Include Area Code) (260) 244-6270	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.					6. Date Application Received (Stamped)
2. Signature 		3. Title Agent			
4. Typed Name Tony Herber		5. Date October 02, 2020			



United States
Environmental Protection Agency
Washington, DC 20460

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Registration
Amendment
Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number 4091-21	2. EPA Product Manager A. Heffernan	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Condor 2	PM# 31	
5. Name and Address of Applicant (Include ZIP Code) W.M. Barr & Company, Inc. 6750 Lenox Center Court, Suite 200 Memphis, TN 38115 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____	

Section - II

<input checked="" type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

PRIA label amendment (PRIA code A570) to add additional residual viral claims to the label. Label changes are noted in the redlined label.
PRIA Fee: \$4,023; pay.gov tracking ID: 26SNKJF3

Please contact Tony Herber via email (therber@srcconsultants.com) or phone (260.244.6270) with any questions.

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____		
* Certification must be submitted		If "Yes" Unit Packaging wgt. _____ No. per container _____	If "Yes" Package wgt. _____ No. per container _____		
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container _____		5. Location of Label Directions <input type="checkbox"/> on label	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled		<input type="checkbox"/> Other _____			

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)		
Name Tony Herber	Title Agent	Telephone No. (Include Area Code) (260) 244-6270
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.		6. Date Application Received (Stamped)
2. Signature 	3. Title Agent	
4. Typed Name Tony Herber	5. Date August 12, 2021	



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
401 M. Street, S.W.
WASHINGTON, D.C. 20460

Paperwork Reduction Act Notice: The public reporting burden for this collection of information is estimated to average 1.25 hours per response for registration and 0.25 hours per response for reregistration and special review activities, including time for reading the instructions and completing the necessary forms. Send comments regarding burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: Director, OPPE Information Management Division (2137), U.S. Environmental Protection Agency, 401 M Street, S.W., Washington DC 20460.
Do not send the completed form to this address.

Certification with Respect to Citation of Data

Applicant's/Registrant's Name, Address, and Telephone Number W.M. Barr & Company, Inc. (901) 334-4391 6750 Lenox Center Court, Suite 200 Memphis, TN 38115	EPA Registration Number/File Symbol 4091-21
Active Ingredient(s) and/or representative test compound(s) (069105) Alkyl* dimethyl benzyl ammonium chloride *(50% C ₁₄ 40% C ₁₂ , 10% C ₁₆) (069166) Dioctyl dimethyl ammonium chloride (069149) Didecyl dimethyl ammonium chloride (069165) Octyl decyl dimethyl ammonium chloride	Date July 31, 2020
General Use Pattern(s) (list all those claimed for this product using 40CFR Part 158) Residential Indoor non-food use disinfectant/sanitizer	Product Name Condor 2

NOTE: If your product is a 100% repackaging of another purchased EPA-registered product labeled for all the same uses on your label, you do not need to submit this form. You must submit the Formulator's Exemption Statement (EPA Form 8570-27).

☐ I am responding to a Data-Call-In Notice, and have included with this form a list of companies sent offers of compensation (the Data Matrix form should be used for this purpose).

SECTION I: METHOD OF DATA SUPPORT (Check one method only)

<input type="checkbox"/> I am using the cite-all method of support, and have included with this form a list of companies sent offers of compensation (the Data matrix form should be used for this purpose).	<input checked="" type="checkbox"/> I am using the selective method of support (or cite-all option under the selective method), and have included with this form a completed list of data requirements (the Data Matrix form must be used).
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SECTION II: GENERAL OFFER TO PAY

[Required if using the cite-all method or when using the cite-all option under the selective method to satisfy one or more data requirements]

☐ I hereby offer and agree to pay compensation, to other persons, with regard to the approval of this application, to the extent required by FIFRA.

SECTION III: CERTIFICATION

I certify that this application for registration, this form for reregistration, or this Data-Call-In response is supported by all data submitted or cited in the application for registration, the form for reregistration, or the Data-Call-in response. In addition, if the cite-all option or cite-all option under the selective method is indicated in Section I, this application is supported by all data in the Agency's files that (1) concern the properties or effects of this product or an identical or substantially similar product, or one or more of the ingredients in this product; and (2) is a type of data that would be required to be submitted under the data requirements in effect on the date of approval of this application if the application sought the initial registration of a product of identical or similar composition and uses.

I certify that for each exclusive use study cited in support of this registration or reregistration, that I am the original data submitter or that I have obtained the written permission of the original data submitter to cite that study.

I certify that for each study cited in support of this registration or reregistration that is not an exclusive use study, either: (a) I am the original data submitter; (b) I have obtained the permission of the original data submitter to use the study in support of this application; (c) all periods of eligibility for compensation have expired for the study; (d) the study is in the public literature; or (e) I have notified in writing the company that submitted the study and have offered (1) to pay compensation to the extent required by sections 3(c)(1)(F) and/or 3(c)(2)(B) of FIFRA; and (ii) to commence negotiations to determine the amount and terms of compensation, if any, to be paid for the use of the study.

I certify that in all instances where an offer of compensation is required, copies of all offers to pay compensation and evidence of their delivery in accordance with sections 3(c)(1)(F) and/or 3(c)(2)(B) of FIFRA are available and will be submitted to the Agency upon request. Should I fail to produce such evidence to the Agency upon request, I understand that the Agency may initiate action to deny, cancel or suspend the registration of my product in conformity with FIFRA.

I certify that the statements I have made on this form and all attachments to it are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Signature 	Date 7/31/2020	Typed or Printed Name and Title Megan Polos, Agent
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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
401 M. Street, S.W.
WASHINGTON, D.C. 20460

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 Do not send the completed form to this address.

Certification with Respect to Citation of Data

Applicant's/Registrant's Name, Address, and Telephone Number W.M. Barr & Company, Inc. (901) 334-4391 6750 Lenox Center Court, Suite 200 Memphis, TN 38115	EPA Registration Number/File Symbol 4091-21
Active Ingredient(s) and/or representative test compound(s) (069105) Alkyl* dimethyl benzyl ammonium chloride *(50% C ₁₄ 40% C ₁₂ , 10% C ₁₆) (069166) Dioctyl dimethyl ammonium chloride (069149) Didecyl dimethyl ammonium chloride (069165) Octyl decyl dimethyl ammonium chloride	Date October 02, 2020
General Use Pattern(s) (list all those claimed for this product using 40CFR Part 158) Residential Indoor non-food use disinfectant/sanitizer	Product Name Condor 2

NOTE: If your product is a 100% repackaging of another purchased EPA-registered product labeled for all the same uses on your label, you do not need to submit this form. You must submit the Formulator's Exemption Statement (EPA Form 8570-27).

☐ I am responding to a Data-Call-In Notice, and have included with this form a list of companies sent offers of compensation (the Data Matrix form should be used for this purpose).

SECTION I: METHOD OF DATA SUPPORT (Check one method only)

<input type="checkbox"/> I am using the cite-all method of support, and have included with this form a list of companies sent offers of compensation (the Data matrix form should be used for this purpose).	<input checked="" type="checkbox"/> I am using the selective method of support (or cite-all option under the selective method), and have included with this form a completed list of data requirements (the Data Matrix form must be used).
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SECTION II: GENERAL OFFER TO PAY

[Required if using the cite-all method or when using the cite-all option under the selective method to satisfy one or more data requirements]

☐ I hereby offer and agree to pay compensation, to other persons, with regard to the approval of this application, to the extent required by FIFRA.

SECTION III: CERTIFICATION

I certify that this application for registration, this form for reregistration, or this Data-Call-In response is supported by all data submitted or cited in the application for registration, the form for reregistration, or the Data-Call-in response. In addition, if the cite-all option or cite-all option under the selective method is indicated in Section I, this application is supported by all data in the Agency's files that (1) concern the properties or effects of this product or an identical or substantially similar product, or one or more of the ingredients in this product; and (2) is a type of data that would be required to be submitted under the data requirements in effect on the date of approval of this application if the application sought the initial registration of a product of identical or similar composition and uses.

I certify that for each exclusive use study cited in support of this registration or reregistration, that I am the original data submitter or that I have obtained the written permission of the original data submitter to cite that study.

I certify that for each study cited in support of this registration or reregistration that is not an exclusive use study, either: (a) I am the original data submitter; (b) I have obtained the permission of the original data submitter to use the study in support of this application; (c) all periods of eligibility for compensation have expired for the study; (d) the study is in the public literature; or (e) I have notified in writing the company that submitted the study and have offered (1) to pay compensation to the extent required by sections 3(c)(1)(F) and/or 3(c)(2)(B) of FIFRA; and (ii) to commence negotiations to determine the amount and terms of compensation, if any, to be paid for the use of the study.

I certify that in all instances where an offer of compensation is required, copies of all offers to pay compensation and evidence of their delivery in accordance with sections 3(c)(1)(F) and/or 3(c)(2)(B) of FIFRA are available and will be submitted to the Agency upon request. Should I fail to produce such evidence to the Agency upon request, I understand that the Agency may initiate action to deny, cancel or suspend the registration of my product in conformity with FIFRA.

I certify that the statements I have made on this form and all attachments to it are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Signature <i>Tony Herber</i>	Date 10/02/2020	Typed or Printed Name and Title Tony Herber, Agent
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United States
Environmental Protection Agency
Washington, DC 20460

☐ Registration
☒ Amendment
☐ Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number 4091-21	2. EPA Product Manager E. Miederhoff	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Condor 2	PM# 31	
5. Name and Address of Applicant (Include ZIP Code) W.M. Barr & Company, Inc. 6750 Lenox Center Court, Suite 200 Memphis, TN 38115 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____	

Section - II

<input checked="" type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

CSF Amendment to revise the pH value listed in box # 8 for all CSFs (basic and Alternates #2 - #9). See cover letter for more details.
Please contact Tony Herber at 260.244.6270 or therber@srcconsultants.com with any questions.

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Metal	
				<input type="checkbox"/> Plastic	
				<input type="checkbox"/> Glass	
				<input type="checkbox"/> Paper	
				<input type="checkbox"/> Other (Specify) _____	
* Certification must be submitted					
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container		5. Location of Label Directions <input type="checkbox"/>	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled				<input type="checkbox"/> Other _____	

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)					
Name Tony Herber		Title Agent		Telephone No. (Include Area Code) (260) 244-6270	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.					6. Date Application Received (Stamped)
2. Signature 		3. Title Agent			
4. Typed Name Tony Herber		5. Date 01/16/2020			



United States
Environmental Protection Agency
 Washington, DC 20460

☐
☐
☒

Registration
Amendment
Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number 4091-21	2. EPA Product Manager E. Miederhoff	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Condor 2	PM# 31	
5. Name and Address of Applicant (Include ZIP Code) W.M. Barr & Company, Inc. 6750 Lenox Center Court, Suite 200 Memphis, TN 38115 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____	

Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input checked="" type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Notification per PR Notice 98-10 to add alternate suppliers for certain inert ingredients to the Confidential Statements of Formula CSFs (Basic and Alternates 2-9). See cover letter for more details and Notification certification statement. As this is not a PRIA action, no fee is due or included. Please contact Tony Herber at 260.244.6270 or therber@srcconsultants.com with any questions.

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____		
* Certification must be submitted		If "Yes" Unit Packaging wgt. _____ No. per container _____	If "Yes" Package wgt _____ No. per container _____		
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container		5. Location of Label Directions <input type="checkbox"/>	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled		<input type="checkbox"/> Other _____			

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)					
Name Tony Herber		Title Agent		Telephone No. (Include Area Code) (260) 244-6270	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.					6. Date Application Received (Stamped)
2. Signature 		3. Title Agent			
4. Typed Name Tony Herber		5. Date 11/7/2019			